

Sure Pay Application and Agreement

To join Sure Pay, please complete this application and return with canceled check to the:

City of Goodyear

190 N Litchfield Road

Condense A7, 95229

Condense A7, 95229

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Goodyear, AZ 85338 Goodyear, AZ 85338-5100

Application and canceled check can be faxed to: (623) 932-3003

Within two billings, notice of your enrollment in Sure Pay will appear on your utility bill. Final Bills do not bank draft, they will be mailed to the forwarding address for payment.

Name (as shown on your City of Goodyear bill):
City of Goodyear Account Number:
Service Address:
Mailing Address (if different):
Daytime Phone Number:
Name and Address of Financial Institution:
Bank Transit Number:
Bank Account Number:
Checking Account (include a voided check) or Savings Account (attach deposit slip if available)
SurePay Authorization Agreement: I hereby authorize City of Goodyear and the financial institution designated on this application (until otherwise instructed) to charge the account I have specified for payment of my monthly City of Goodyear Utility bill. I have the right to stop automatic bill payment by notifying the City of Goodyear prior to the payment due date. I understand that a fee will be charged to my account for each payment request returned for insufficient funds. If two payment requests are returned, I may be excluded from the plan. Ir addition, I understand that both the financial institution and the City of Goodyear reserve the right to terminate this payment plan and/or my participation in the plan. I may discontinue my participation in the plan at any time by notifying the City of Goodyear. I recognize that it is my responsibility to promptly notify the City of any error resulting in an incorrect amount being transferred from my account to the City.
Signature: Date Signed:
at the City of Goodyear at 623-932-3015.

April 2005/Depts./Finance/All Finance Forms/Sure Pay Application